

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Later Years LLC / Tammy Young, Provider	477101

NOTE: The term "the home" refers to the adult family home / provider listed above

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provide. The home may not through "reasonable accom on the needs of the resid	s, and activities listed on this form may not reflect all required care and services the home must be able to provide services beyond those disclosed on this form, unless the needs can be met modations." The home may also need to reduce the level of care they are able to provide based ents already in the home. For more information on reasonable accommodations and the homes, see Chapter 388-76 of Washington Administrative Code.
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	About the Home
1. PROVIDERS STATEMENT (O	
The optional provider's state home.	ement is free text description of the mission, values, and/or other distinct attributes of the
We have very high standards and expectations when it comes to our homes. We want our residents and	
their family members to know that they are in a safe, loving, comfortable home environment. We want	
families to feel confident in knowing that when they walk out the door and leave their loved ones in our	
care; they will be treated with respect, dignity and compassion.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
11/18/2002	12325 Skymont Place Silverdale, WA 98383
4. SAME ADDRESS PREVIOUSL	Y LICENSED AS:
5. OWNERSHIP	
Sole proprietor	
☑ Limited Liability Corporation☐ Co-owned by:	
☐ Other:	

Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

We provide eating assistance from cuing and monitoring to total assistance

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

We provide toileting assistance from cuing and monitoring to total assistance

3. WALKING

If needed, the home may provide assistance with walking as follows:

We provide walking assistance from cuing and monitoring to a one person assist

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

We provide transfer assistance from cuing and monitoring to a one person assist

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

We provide assistance with positioning from cuing and monitoring to a one person assist

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

We provide assistance with personal hygiene from cuing and set up to total assistance

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

We provide assistance with dressing from cuing and set up to total assistance

8. BATHING

If needed, the home may provide assistance with bathing as follows:

We provide assistance with bathing from cuing and set up to total assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide in home service with a beautician and a woman who does peidcures (helpful for diabetics)

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

All of our caregivers are Nurse Delegated for administering medications to those residents who have difficulty taking them by themselves such as: crushing medications, and checking blood glucose, giving insulin.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We work with a pharmacy who packagaes and deliveries medications to our home weekly

Skilled Nursing Services and Nurse Delegation
If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)
The home provides the following skilled nursing services:
When a resident requires skilled nursing, we contact the physician and he/she will write orders for Home
Health nurses to come out to the home and provide services. These skilled nursing services can vary in
range, including wound care to Palliative & Hospice Care.
The home has the ability to provide the following skilled nursing services by delegation:
Our home is able to provide the following skilled nursing services by delegation: Administering the
following: Ear Drops, Eye Drops or Ointments, Nasal Spray or Drops, Oral Inhalation Therapies,
Recatal Suppository or Cream, Vaginal Suppository or Cream, Non-Sterile Dressing Changes,
Glucometer Testing (Blood Sugars and PTINR Levels), Gastrostomy Feedings (aka tube feeding through
the stomach), Ostomy Care and Straight Clean Urinary Catherization. Medication Assistance that
includes crushing medications if the need arises.
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION Please contact us if there is a skilled nursing need that is not listed to see if we can accommodate.
Specialty Care Designations
We have completed DSHS approved training for the following specialty care designations:
□ Developmental disabilities☑ Mental illness
 ☑ Merital lillless ☑ Dementia
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
Staffing ,
The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)
☐ The provider lives in the home.
A resident manager lives in the home and is responsible for the care and services of each resident at all times.
☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.
The normal staffing levels for the home are:
Registered nurse, days and times: only as needed
☐ Licensed practical nurse, days and times: only as needed
□ Certified nursing assistant or long term care workers, days and times: 7 days a week / 24 hours a day
☐ Awake staff at night
○ Other: When we have a resident who requires monitoring throughout the night, we bring in
addditional staff to be awake and monitor that resident.
ADDITIONAL COMMENTS REGARDING STAFFING
Our staff has free time between the hours of 10pm and 6am. They do not leave the home and are

available to beln and assist any resident during these hours as the need arises

Cultural or Language Access
The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)
The home is particularly focused on residents with the following background and/or languages:
Our home accepts any resident, no matter what their background, however they should be able to speak
some english.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
Medicaid
The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)
☐ The home is a private pay facility and does not accept Medicaid payments.
☐ The home will accept Medicaid payments under the following conditions:
ADDITIONAL CONTESTS
ADDITIONAL COMMENTS REGARDING MEDICAID

We will work with family members & consider accepting Medicaid resident after 2 years of private pay.

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

We try an accommodate activities according to what our residents capabilities and wants are. We find that many enjoy listening to Big Band Music, watching programs on the television such as: Old Movies (musicals & westerns), during that time we usually have a snack (a favorite is popcorn). We provide an exercise time in the morning for chair exercises for those who wish to participate. Also, large piece Jig Saw Puzzels are enoyed by some. We try to accommodate what the residents desires are. Many simply like to read the newspaper or a good book. Helping set the table and folding laundry is also something some residents enjoy.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We are always open to any suggestions. As the population changes and the level of care each resident has changes, our activities changes.